



Registration Form

Participant Information

Name: _____ _____ M / F
First Last Sex

Address: _____

City/Town Province Postal code

Phone # _____ _____
Home cell

Email Address: _____
Address you would like to receive information from Okotoks Fencing Club

Birthdate : _____ AB Health Care #: _____
(DD/MM/YY)

Class Description/Date/Time: _____

Parent/Guardian Information:

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

Address: (if different from above) _____

City/Town Province Postal code

Emergency Contact: _____ _____ _____
Name Relation Phone #

Family Dr.: _____ Phone #: _____

Allergies/Medical Conditions: _____

Signature: _____ Date: _____
Participant 18+ or Parent/Guardian

By signing this document, you also agree to receive emails from Okotoks Fencing Club